

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P95000058550**1. Entity Name  
THE FRESH JUICE COMPANY OF FLORIDA, INC.Principal Place of Business  
1000 AMERICAN SUPERIOR BLVD.  
WINTER HAVEN FL 33884Mailing Address  
1000 AMERICAN SUPERIOR BLVD.  
WINTER HAVEN FL 338842. Principal Place of Business  
330 N HWY #13. Mailing Address  
330 N HWY #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
FT. PIERCE FLCity & State  
FT. PIERCE FL4. FEI Number  
59-3326045Applied For  
Not ApplicableZip  
34950

Country

Zip  
34950

Country

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

FONZI IRENE  
7500 COQUINA DRIVENORTH BAY VILLAGE FL  
33141 US

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ 05/01/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete  
NAME FONZI IRENE  
STREET ADDRESS 7500 COQUINA DRIVE  
CITY-ST-ZIP NORTH BAY VILLAGE FL 33141TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE T ☐ Delete  
NAME JAMES KIM  
STREET ADDRESS 6545 CREWS LAKE HILLS LOOP -W  
CITY-ST-ZIP LAKELAND FL 33813TITLE T ☒ Change ☐ Addition  
NAME BARQUINJAMES CURT  
STREET ADDRESS 330 NORTH US HIGHWAY #1  
CITY-ST-ZIP FT. PIERCE FL 34950TITLE COO ☐ Delete  
NAME MADKOUR ADAM  
STREET ADDRESS ONE BUFF ROAD  
CITY-ST-ZIP SARATOGA SPRINGS NY 12866TITLE VCEO ☒ Change ☐ Addition  
NAME ROMANSKI KEN  
STREET ADDRESS 280 WILSON AVENUE  
CITY-ST-ZIP NEWARK NJ 07105TITLE PCEO ☐ Delete  
NAME PREVER ROBIN  
STREET ADDRESS 4301 N OCEAN BLVD, A1703  
CITY-ST-ZIP BOCA RATON FL 33431TITLE PCEO ☒ Change ☐ Addition  
NAME ZEIGLER JOSEPH  
STREET ADDRESS 1513 N BROAD STREET  
CITY-ST-ZIP LANSDALE PA 19446TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Curt Barquin

T

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)